Aging and Cognitive Health in a Correctional Setting

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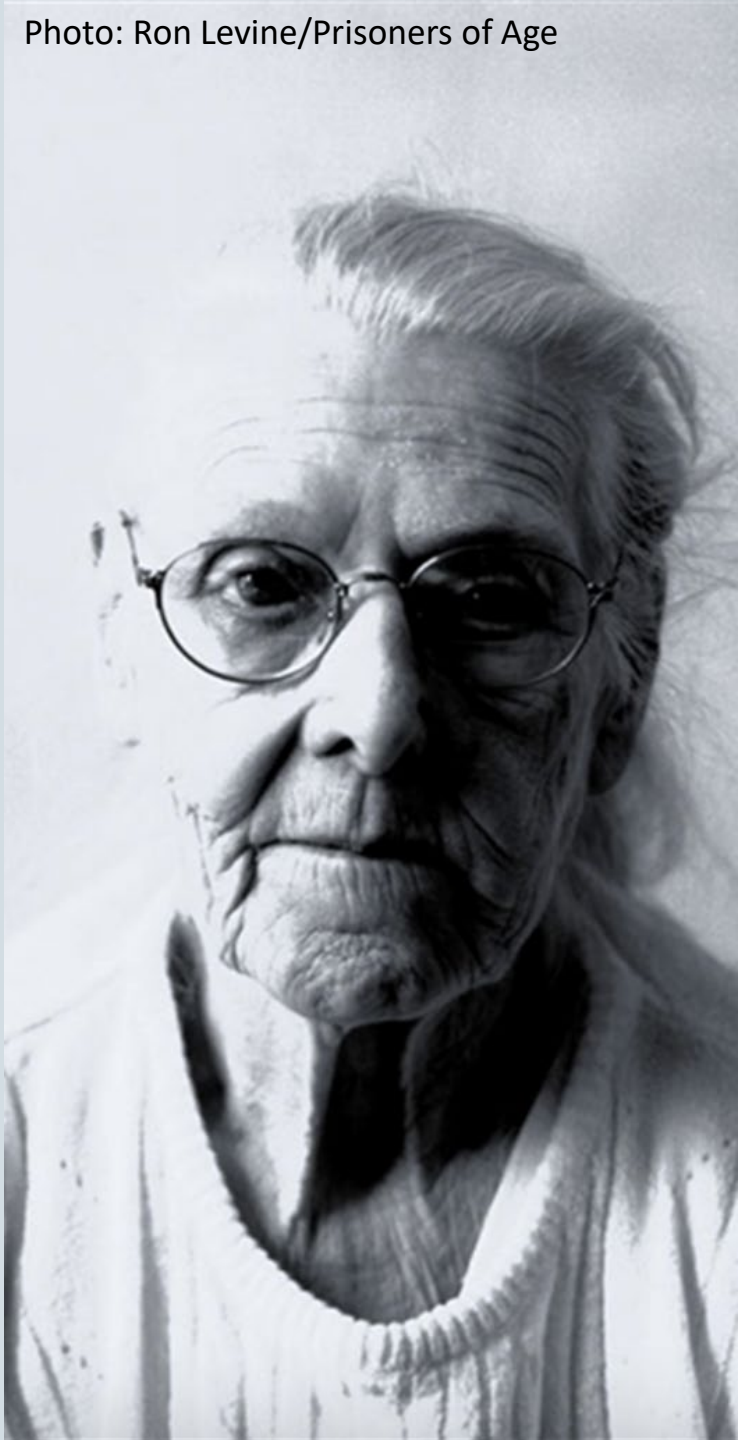
Photo: Ron Levine/Prisoners of Age



Living with dementia

YouTube | Social Care Institute for Excellence (SCIE) | 693.9K views | Sep 24, 2014

Overview

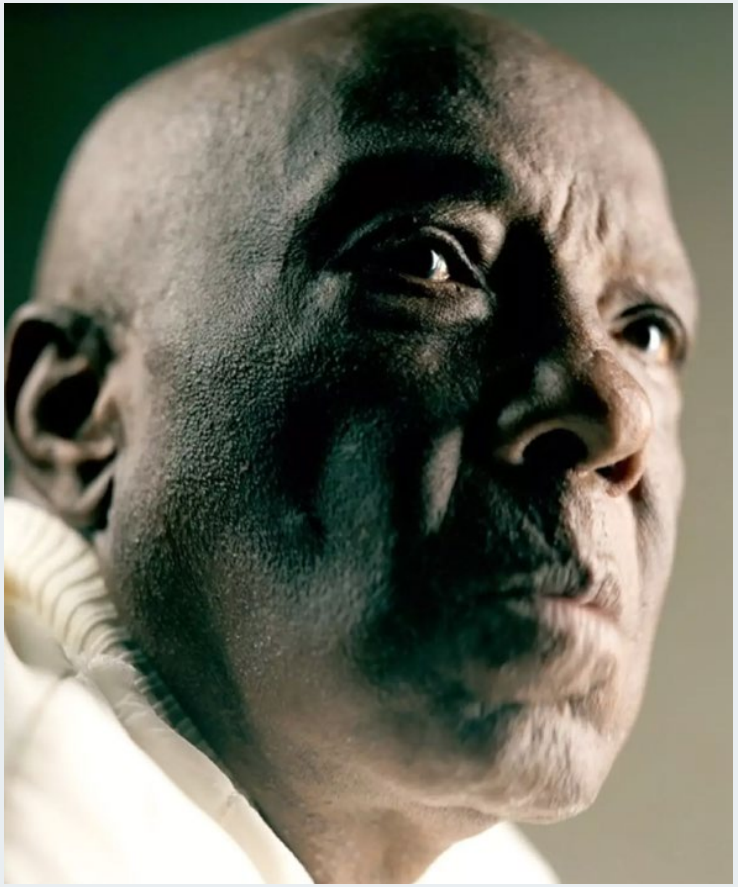


Photo: Ron Levine/Prisoners of Age

- Aging Demographics
- CDCR/CCHCS Program Overview
- Cognitive Changes in Aging
- Dementia
- Cognitive Assessment Tools
- Decision-Making Capacity
- Communication Tips
- Areas for Collaboration


Photo: Ron Levine / Prisoners of Age

CA's Aging Prison Population

Nationwide 1993—2013 over 400% increase in incarcerated adults 55+; in CA:

	2010	2023
Total Incarcerated	~ 150,000	~ 100,000
Total 55 and older	~11,000	~18,000
Proportion >55 yo	7%	18%

Program Overview

Correctional Treatment Center (CTC)

Outpatient Housing Unit (OHU)

Palliative Care Unit

Memory Care Units

Hospice

Clark Units (DDP)

General Population

24 hour nursing care

EMP: Golden Legacy MCU

- Internally, CHCF and CMF (63 MCU beds)
- Needed for LWOP, those who are not quite severe enough to qualify or those with significant MH or behavioral challenges not accepted by GL
- Resource intensive patient population
- Increase internal capacity by moving high need patients to Golden Legacy
  - Increased flexibility, tools and training to better address needs of this population

Caregiver Training: Refusal to Take Medication | UCLA Alzheimer's and Dementia Care Program

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Cognitive Changes in Aging

- Normal aging – decline in learning new information but not memory retention, getting lost, loss of IADL
- Mild Cognitive Impairment (MCI) – objective cognitive impairments greater than expected for age without decline in overall level of function
- Dementia – cognitive impairment representing a decline in cognition that interferes with daily function and independence; **general term** for difficulty with reasoning, judgement and memory but not a cause
- Delerium – acute, transcient, fluctuations in attention and consciousness

Global Deterioration Scale (GDS)

1 – No cognitive decline

2 – Very mild (Forgetfulness)

3 – Mild (Early confusional)

4 – Moderate (Late confusional)

5 – Moderate Severe *(Early Dementia)*

6 – Severe *(Middle Dementia)*

7 – Very severe *(Late Dementia)*

DSM-5 Criteria for Major Neurocognitive Disorder

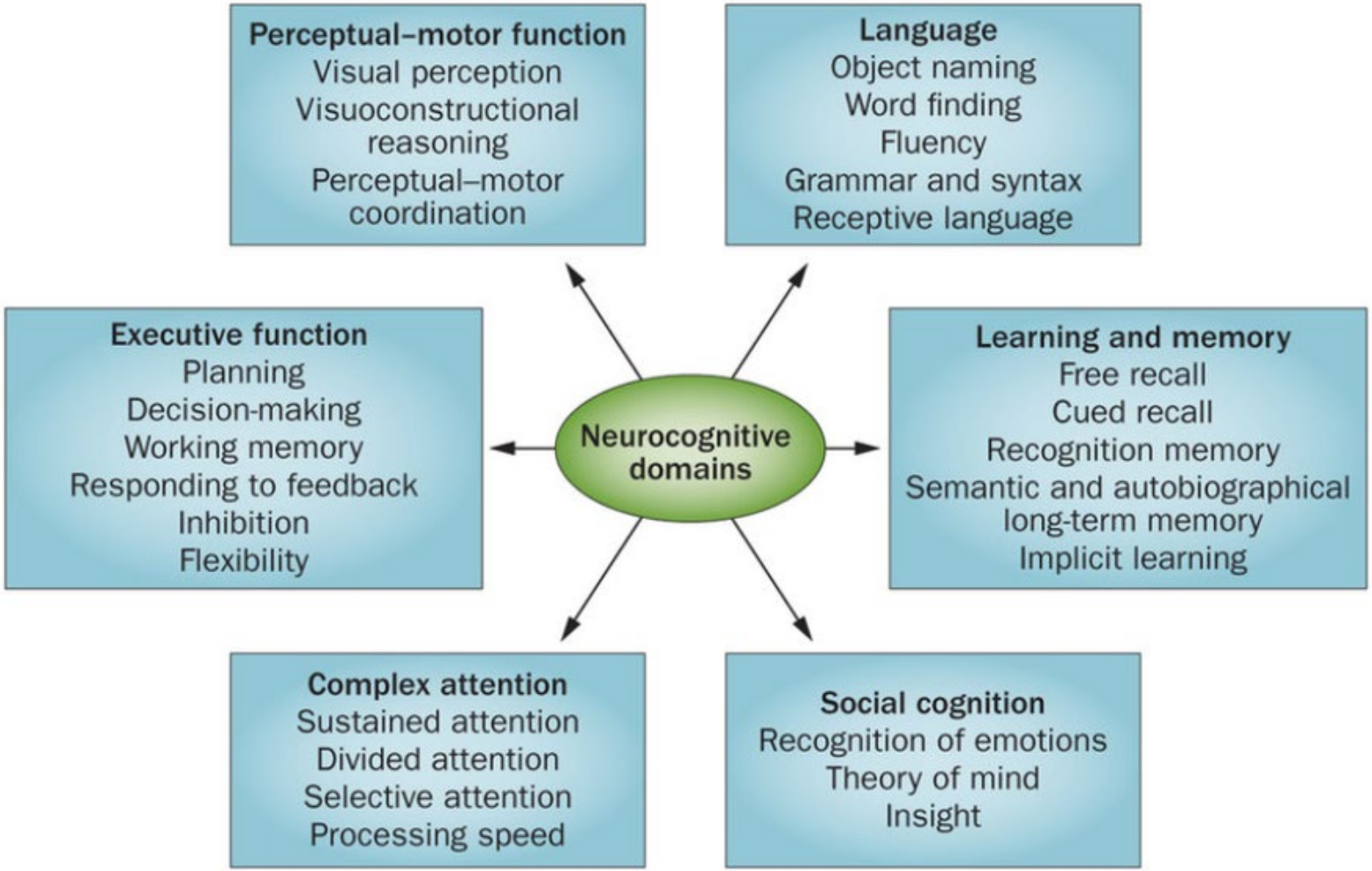
A. Evidence of **significant cognitive decline** from a previous level of performance in one or more cognitive domains

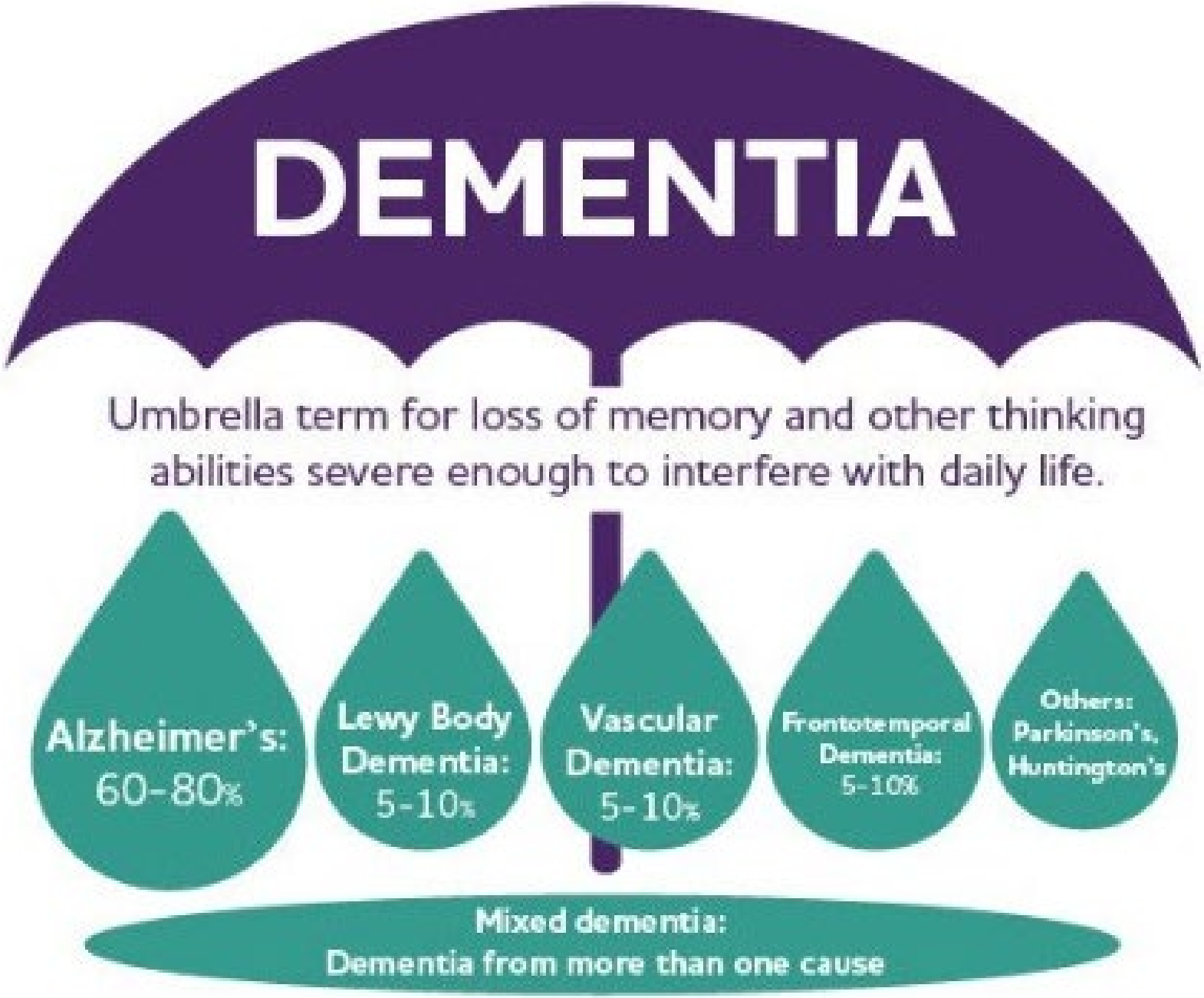
B. The cognitive deficits **interfere with independence in everyday activities**

C. The cognitive deficits **do not occur exclusively in the context of delirium**

D. The cognitive deficits are **not better explained by another mental disorder** (eg: MDD, schizophrenia)

DSM-5 Criteria for Major Neurocognitive Disorder (cont)




DEMENTIA
Umbrella term for loss of memory and other thinking abilities severe enough to interfere with daily life.
Alzheimer's: 60-80%
Lewy Body Dementia: 5-10%
Vascular Dementia: 5-10%
Frontotemporal Dementia: 5-10%
Others: Parkinson's, Huntington's
Mixed dementia: Dementia from more than one cause

Alzheimer's Dementia

- **#1** cause over 65 yo
- **Recent memory loss, impaired executive function and reduced insight** are common early features
- Changes in **mood or emotion** (anxious, frightened or sad)
- **Behavioral and psychological** changes are sometimes later
- Treatment may slow but no cure and **progressive in all patients**
- Average life expectancy after dx of AD is **8-10 yrs** but range 3-20

Vascular dementia

- Most common after Alzheimer's
- MRI small vessel disease but **extent of changes DOES NOT correlate** with severity of dementia
- Prominent impairment of **executive function and processing speed**

Other Causes

- **Dementia with Lewy Bodies** – earlier onset, visual hallucinations, Parkinson's like motor changes, more rapid progression, cognitive flux
- **Parkinson's Disease with Dementia** – dementia late in disease
- **Frontotemporal Dementia**
  - Frontal – personality changes and inappropriate social behaviors
  - Temporal – problems with understanding language (speech and writing)
- HIV dementia, Repeated Trauma, Alcoholism, other neurodegenerative

NYT Magazine May 2018

Physical Health and Cognition

- Medical conditions can exacerbate poor cognition
  - Heart Failure
  - Kidney Failure
  - Liver Failure
- Medications can worsen cognition
- Reduced hearing, vision, sensation can increase cognitive impairment

What are barriers to identifying patients with cognitive impairment?

- Often do not self-present; no family
- May be in denial or unaware of deficits
- Institution life is very regimented, very few choices (no driving, no keys, no ATM, shop)
- Easy to cover up in 15 min office visit (18s)
- Judgment (he 'refused' appt, BPH, work)
- Fear of looking weak, being a victim
- Conceal because afraid of losing their housing and support system
- Can be experts at nodding to avoid showing deficits (eg: Grandfather)
- Often missed with casual conversation (eg)

MINI-COG

- Screening Test
- Usually followed up with a more extensive test

Mini-Cog©

Instructions for Administration & Scoring

ID:_____ Date:_____

Step 1: Three Word Registration

Look directly at person and say, "Please listen carefully. I am going to say three words that I want you to repeat back to me now and try to remember. The words are [select a list of words from the versions below]. Please say them for me now." If the person is unable to repeat the words after three attempts, move on to Step 2 (clock drawing).

The following and other word lists have been used in one or more clinical studies.[1-9] For repeated administrations, use of an alternative word list is recommended.

Version 1	Version 2	Version 3	Version 4	Version 5	Version 6
Banana	Leader	Village	River	Captain	Daughter
Sunrise	Season	Kitchen	Nation	Garden	Heaven
Chair	Table	Baby	Finger	Picture	Mountain

Step 2: Clock Drawing

Say: "Next, I want you to draw a clock for me. First, put in all of the numbers where they go." When that is completed, say: "Now, set the hands to 10 past 11."

Use preprinted circle (see next page) for this exercise. Repeat instructions as needed as this is not a memory test. Move to Step 3 if the clock is not complete within three minutes.

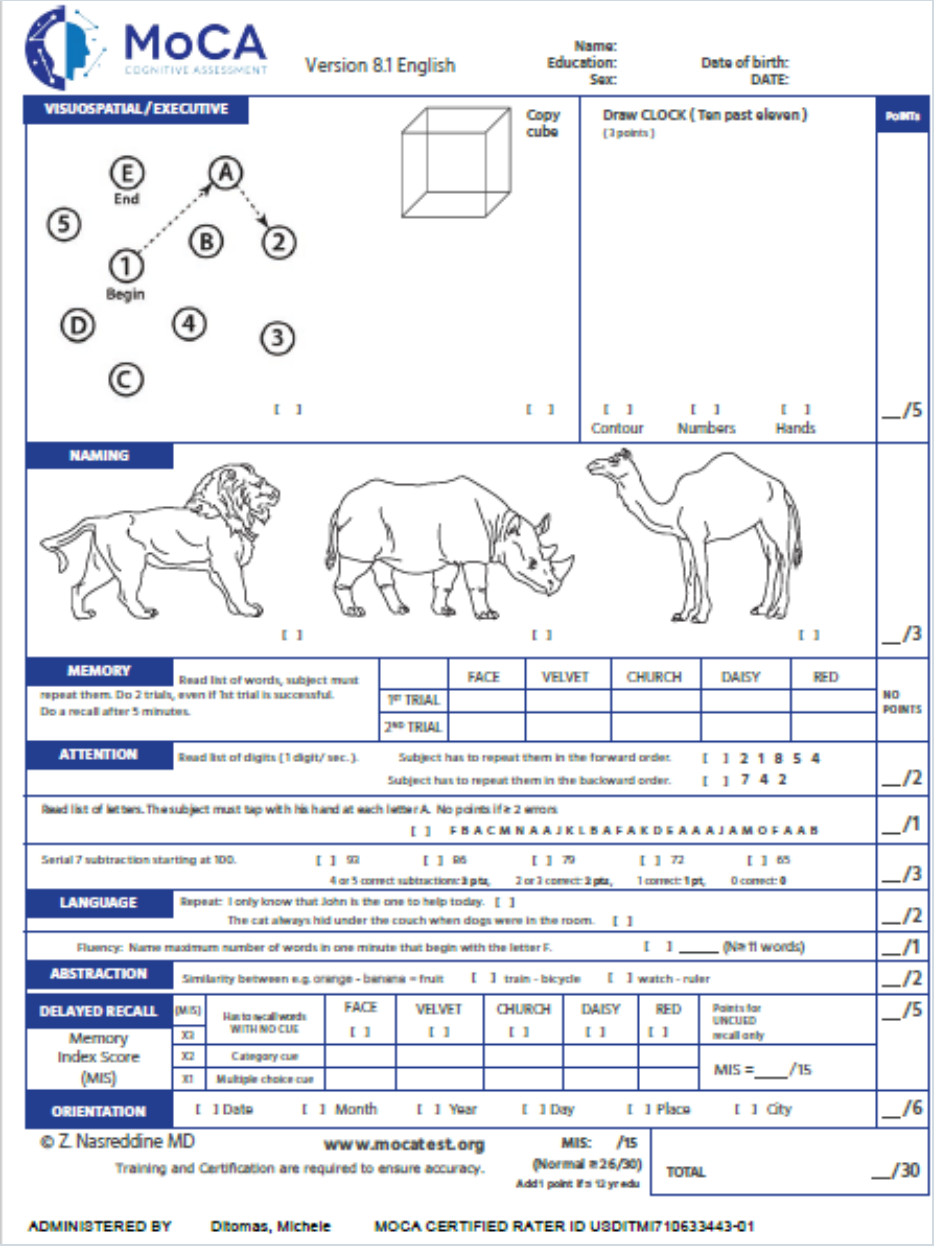
Step 3: Three Word Recall

Ask the person to recall the three words you stated in Step 1. Say: "What were the three words I asked you to remember?" Record the word list version number and the person's answers below.

Word List Version:_____ Person's Answers: _____ _____ _____

Scoring

Word Recall: _____(0-3 points)	1 point for each word spontaneously recalled without cueing.
Clock Draw: _____ (0 or 2 points)	Normal clock = 2 points. A normal clock has all numbers placed in the correct sequence and approximately correct position (e.g., 12, 3, 6 and 9 are in anchor positions) with no missing or duplicate numbers. Hands are pointing to the 11 and 2 (11:10). Hand length is not scored. Inability or refusal to draw a clock (abnormal) = 0 points.
Total Score: _____ (0-5 points)	Total score = Word Recall score + Clock Draw score. A cut point of <3 on the Mini-Cog™ has been validated for dementia screening, but many individuals with clinically meaningful cognitive impairment will score higher. When greater sensitivity is desired, a cut point of <4 is recommended as it may indicate a need for further evaluation of cognitive status.


MoCA
COGNITIVE ASSESSMENT
Version 8.1 English
Name:
Education:
Sex:
Date of birth:
DATE:
VISUOSPATIAL/EXECUTIVE
Copy cube
Draw CLOCK (Ten past eleven)
(3 points)
Points
End
Begin
Contour
Numbers
Hands
/5
NAMING
/3
MEMORY
Read list of words, subject must repeat them. Do 2 trials, even if 1st trial is successful. Do a recall after 5 minutes.
FACE
VELVET
CHURCH
DAISY
RED
1ST TRIAL
2ND TRIAL
NO POINTS
ATTENTION
Read list of digits (1 digit/sec.).
Subject has to repeat them in the forward order. [ ] 2 1 8 5 4
Subject has to repeat them in the backward order. [ ] 7 4 2
/2
Read list of letters. The subject must tap with his hand at each letter A. No points if ≥ 2 errors
[ ] F B A C M N A A J K L B A F A K D E A A A J A M O F A A B
/1
Serial 7 subtraction starting at 100.
[ ] 93 [ ] 86 [ ] 79 [ ] 72 [ ] 65
4 or 5 correct subtractions: 3 pts, 2 or 3 correct: 2 pts, 1 correct: 1 pt, 0 correct: 0
/3
LANGUAGE
Repeat: I only know that John is the one to help today. [ ]
The cat always hid under the couch when dogs were in the room. [ ]
/2
Fluency: Name maximum number of words in one minute that begin with the letter F. [ ] _____ (N≥ 11 words)
/1
ABSTRACTION
Similarity between e.g. orange - banana = fruit [ ] train - bicycle [ ] watch - ruler
/2
DELAYED RECALL
(MIS)
Has to recall words WITH NO CUE
FACE
VELVET
CHURCH
DAISY
RED
Points for UNCUED recall only
/5
Memory Index Score (MIS)
X3
X2
Category cue
X1
Multiple choice cue
MIS = ____/15
ORIENTATION
[ ] Date [ ] Month [ ] Year [ ] Day [ ] Place [ ] City
/6
© Z. Nasreddine MD
www.mocatest.org
Training and Certification are required to ensure accuracy.
MIS: /15
(Normal ≥ 26/30)
Add 1 point if ≤ 12 yr edu
TOTAL
/30
ADMINISTERED BY
Ditomas, Michele
MOCA CERTIFIED RATER ID USDITMI710633443-01

Montreal Cognitive Assessment (MoCA)

- Validated tool, requires certification
- Identifies deficiencies in multiple cognitive domains **that may not be elucidated during an informal interview**
- Sensitivity and specificity–highly sens and spec for cognitive impairment
- **Approximate** Scoring

Cognition	Score	Average
Normal	26-30	27.2
Mild CI	19-25	22.1
Mod CI	11-21	16.2
Severe CI	10 or less	?

***Always interpreted in the context of the individual and clinical picture**

Decision-making capacity

- Huge challenge /ethical consideration
- Do they have the cognitive ability to participate in a complex discussion? Maybe….
- Medically assessed, decision by decision, moment to moment
- Autonomy vs beneficence
- Must be able to:
  - Understand their options, risks, benefits
  - Express a choice
  - Appreciate how the info applies to them
  - Reason (compare choices and infer the consequences of their choice)

Tips for Communication

- Environment (lighting, noise, activity)
- Sit at their level and face them
- Maintain eye contact and smile
- Use their name when talking to them
- Give full attention and ensure you have their full attention
- Speak slowly and calmly
- Use simple sentences, present one idea at a time, be patient
- Try not to contradict if answer doesn't make sense as this will raise anxiety and confusion

- Don't make it a test: cannot assess dementia in a casual conversation and may cause frustration/anxiety
- Teams, time of day, staff assist?

Mr. A – 70 yo, CRA low risk, elderly parole, moderate Alzheimer's, CTC

- Unable to be at the hearing for unclear reason (common for CI)
- Noted "conflicting information" and "indications that Mr. A may be higher functioning than what recent documents show regarding his dementia"
- "able to work full time until 2022"
- "inconsistencies in his physical abilities"
- "115 not violent but unable to follow the rules of the prison"
- "not programming"
- "if he's released, he will need to learn how to live with others"
- "needs to develop a release plan"

Mr B – 85 yo EMP; moderate Alzheimer's; requires CTC bed for ADL support

Information provided to BPH 7478:

- Mental status: A&O X 3
- Physical condition: RUG 0 independent, WC for ambulation; arm use (strong)
- LOC: requires frequent redirection, bathing grooming requires cueing
- Prognosis: "fair, dementia likely to worsen over time"
- MiniCog < 3

Reality:

- Mental Status: no idea of day, month, year; psychiatric hospital; pleasant
- Physical condition: RUG = 0 (requires supervision, cueing for ADLs); very frail
- Prognosis: "incurable, progressive and terminal"
- MiniCog < 3 but no MoCa provided (2 yrs prior on admit 13/30)

Areas for Collaboration

- Ensure Accurate Medial Information
- Process for clarification when contradictions
- Provide long term 24/7 perspective
- Housing and reentry supports
- Future Q & A Two Way Learning Forums
- Simulation experience of dementia /aging
- Tour of Elder Care Units or MCU
- Dementia training for staff supports
- Engaging lawyers earlier (time to get records, meet in person)
- Training board lawyers on dementia
- Include an ROI with the packet (at least for medical/elderly paroles)
- Others…….

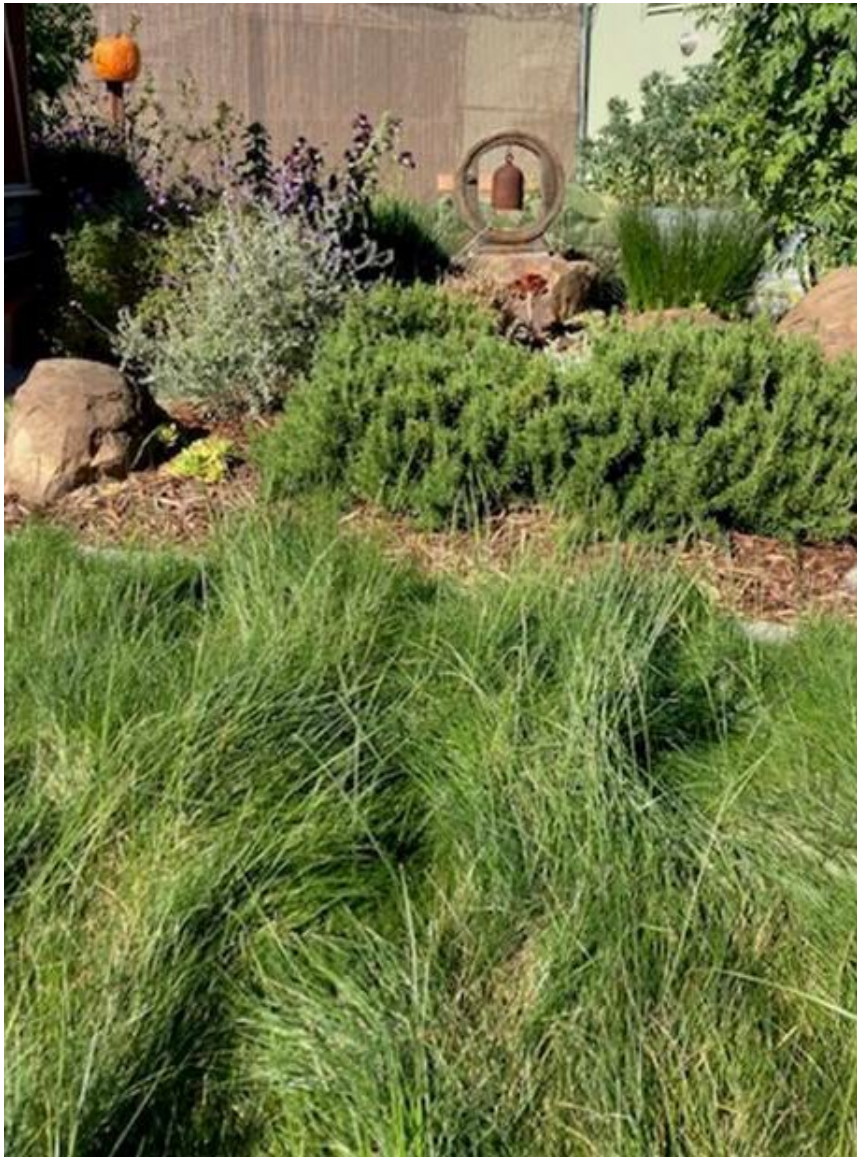


Photo: Ron Levine/Prisoners of Age

Questions/Comments?

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Hospice/Palliative Care and Compassionate Release Warmline

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